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A WEEKLY EPITOME OF CURRENT MEDICAL LITERATURE.

MEDICINE.

(575) Post-paludal Pneumonia.

HADJI-COSTA (*Rev. de Méd.*, November 10th, 1891) relates fourteen cases of post-paludal pneumonia. In Thessaly malaria prevails widely and at times so severely as to merit the name of an epidemic. Such epidemics occurred in 1884 and 1885. In the two following years there was no such occurrence but numerous cases of pneumonia were observed. A relation between malaria and pneumonia undoubtedly exists. Three forms have been described: (1) The intermittent pneumonic fever of some authors in which each access of fever is said to be attended by some of the classical symptoms of pneumonia—this resembles the cases of intermittent pneumonia of non-malarial origin which have been recorded by some writers; (2) cases in which the malarial attacks occur regularly in the course of an ordinary pneumonia; and (3) cases which occur in those suffering from confirmed malarial intoxication, hence the name post-paludal pneumonia. Its onset is insidious, there is no shivering, hardly any pain in the side, and not much cough. Abdominal symptoms are frequently present—nausea, vomiting, slight jaundice, and loose stools. The temperature is intermittent, and defervescence slow; nervous symptoms often predominate. In the absence of history and physical examination of the chest, it is impossible to distinguish it from enteric fever. The prognosis is grave. The question arises as to whether the development of the pneumococcus upon a soil altered by malaria will account for the peculiar characters of the pneumonia, or whether the micro-organisms of malaria do not rather themselves bring about an inflammation of the lung unlike ordinary pneumonia. The author inclines to the latter view, and he points to analogous facts occurring in the other infective diseases. The treatment should be directed to the malaria.

(576) Tetaniform Convulsions in Influenza.

T. MORETTI (*Gazz. degli Ospitali*, December 2nd, 1891) gives particulars of a case of influenza in which tetaniform convulsions formed a prominent feature. The patient, a married woman, aged 45, was suddenly seized with well-marked symptoms of influenza of the ordinary kind, for which she took to her bed. In a short time she was attacked with almost unbearable formication of the extremities, and soon afterwards convulsions of tetanic type came on. They began in the muscles of the face and of the back of the neck, trismus and rigidity being well marked. Soon afterwards the muscles of the back and of the upper and lower limbs also became the seat of convulsions. Consciousness remained intact. The convulsions gradually became more severe, and did not cease definitively till about a week after the onset. The temperature, which at first was very high, began to fall as soon as the convulsions came on. The disease presented all the clinical features of tetanus, and the treatment, therefore, was directed chiefly to the nervous phenomena. Convalescence was very slow. It should be stated that the patient had no trace of neurotic taint either in her personal or in her family history, and there was no wound of the skin through which tetanic infection might have been received. The case is, in Moretti's opinion, a further illustration of the fact that influenza is essentially a disease of the nerve centres. He refers to a similar case published by C. Monoguidi in the *Gazzetta degli Ospitali*, No. 77, 1891.

ANATOMY.

(577) Joined Twins.

M. BAUDOUIN (*Sem. Méd.*, No. 34, 1891) gives a description, necessarily somewhat imperfect, of the anatomy and physiology of the joined twin-sisters, Rosa-Josepha Blazek, who have been on show for some months past in Paris. The sisters were born in Bohemia in 1878, and are therefore 13 years old. The mother's confinement does not seem to have been difficult; it was managed by a country midwife. The writer remarks upon the curious circumstance that so many of the deformed creatures exhibited in shows have been found in Central Europe. Breisky, of Prague, saw this double infant shortly after birth, and noted that the development was well advanced for the age. The case very closely resembled that of the Hungarian sisters, Hélène-Judith. The two bodies were joined by an intimate union in the sacral and coccygeal regions. It was, therefore, an example of a pygopagous double formation. There existed one urethra but two bladders, one vulva and clitoris but two vaginæ, and one anus. With regard to the physiology of the case, the one twin might sleep whilst the other was awake, etc., and the two hearts did not beat synchronously. One sister had croup, the other escaped.

MIDWIFERY AND DISEASES OF WOMEN.

(578) Laceration of the Vagina.

PIERING (*Centralbl. f. Gynäk.*, November 28th, 1891) speaks, not of the tearing away of the vagina transversely from the cervix, but of longitudinal lacerations confined to the vagina itself. Most authorities attribute recto-vaginal fistulæ to direct perforation by instruments and pieces of bone, or to imperfectly healed lacerations of

the perineum. Dr. Piering describes a case where the vagina was torn during spontaneous labour. The patient was a primipara, aged 41; the soft parts were very rigid. Instruments were not needed, but the head was delayed at the perineum, so that it was thought advisable to make an incision one inch long in the tough inelastic perineal tissues, on the right side. The parts were watched during the next pain, when a gush of blood escaped from the rectum, the right hand and part of the forearm of the fœtus appearing out of the anus. The arm was replaced, and the child was born without any further damage to the perineum. The tissues around the laceration were much bruised, and union by first intention could not be expected. The incision in the perineum was found to be no longer than it was when made by the operator. The cervix was not lacerated. After thorough disinfection of the parts, the vagina was plugged with iodoform gauze. On the third day the bowels acted; no fæces came through the vagina. During childbed there were two attacks of fever, which disappeared when the surface of the wound was painted with tincture of iodine. When the patient was discharged, a firm and perfect cicatrix had formed; it could not be distinguished on the rectal side.

PATHOLOGY.

(579) Recurrent Fever.

SOUDAKEWITCH (*Ann. de l'Inst. Pasteur*, September 25th, 1891) describes some experiments on recurrent fever. It was first proved in 1873 by Obermeier that in the blood of patients during the paroxysm a peculiar spirillum could be found which was extremely difficult to stain, and which disappeared at the crisis to reappear at each recurrence. He suggested that during the period of apyrexia the spirilla became stored up in the internal organs—probably in the spleen. In 1887, however, Metschnikoff inoculated several apes, killing them at different stages of the disease. He was able to show (1) that the destruction of the spirilla by phagocytosis or other means never occurred in the blood; (2) that before the crisis the spirilla, which were abundant and active in the blood all collected in the spleen, where they became enclosed in microphages (or leucocytes with bilobed nuclei)—there they underwent degenerative changes; (3) in the liver, kidneys, and other organs no spirilla were discoverable, the whole struggle thus appearing to take place in the spleen. Soudakewitch's plan was to observe first the course of the disease as producible in normal apes, and then to notice what happened on inoculating animals whose spleens had been previously removed by operation. The normal course of the disease proved to be as follows: (1) Incubation period on the average three days; (2) rise of temperature then occurred, and spirilla appeared in the blood, gradually increasing in number till the crisis, when they disappeared; (3) recurrences were not observed, but a second inoculation after a fortnight's interval caused the return of symptoms as before. Killing the animals at various periods he found, (*a*) during the acute stage, spirilla only in the blood, a few being found in the vena cava enclosed in leucocytes, but nearly all being free and active; (*b*) just after the crisis no spirilla in the blood, all being collected in the spleen, enclosed in microphages, and many undergoing degenerative changes; (*c*) ten hours after the crisis no spirilla anywhere, and only indistinct *débris* in the microphages, the Malpighian corpuscles being much enlarged and consisting of masses of closely-pressed leucocytes. As regards the course of the disease in apes after removal of the spleen, this was observed in two cases, with the following results: (1) An incubation period of three days; (2) illness, with progressively falling and oscillating temperature, loss of appetite, and death in one case on the eighth, in the other on the ninth, day; (3) spirilla appeared in the blood on the third day, increasing afterwards till they absolutely swarmed, being even more numerous than the blood corpuscles. Phagocytosis in the circulating fluid was absent. At the *post-mortem* examination it was found that one of the animals had a small tumour behind the stomach, which proved to be a supplementary spleen which had escaped removal and subsequently had become enormously enlarged. In this body all stages of phagocytosis were observable, the spirilla being all enclosed in cells. In the blood of other parts of this animal there were large clots of active spirilla, especially in the vena cava, without any attempt at phagocytosis. Their number was still more extraordinary in the other animal, there having been no remnant of spleen to resist the inroads of the microbes, which were entirely free and living, and showed no signs of degeneration.

(580) Experimental Diphtheria.

WELCH AND FLEXNER (*Johns Hopkins Hosp. Bull.*, August, 1891) give a preliminary report of the results of a number of experiments made by them with a view of ascertaining the histological changes in the organs of animals which die of experimental diphtheria. The inoculations were made into the subcutaneous tissue of the belly wall or into the trachea. The gross anatomical lesions corresponded for the most part to those described by other investigators. On microscopic examination bacilli were always found at the seat of inoculation, never in the blood and tissues. Locally the bacilli caused emigration and great destruction of leucocytes, as shown by disintegration of their nuclei. The axillary, inguinal, and other lymphatic glands, and the spleen showed hæmorrhages under the capsule and into the substance of the glands. The cells of the glands were severely affected. The principal lesions were in the lymph follicles; they consisted of fragmentation of the nuclei, the final change being a conversion of the cells of the parts into a substance resembling fibrin. The cells of the intestinal villi and the epithelium of the intestinal mucous membrane were similarly affected. The liver was excessively fatty; hæmorrhages under the capsule were common. The kidneys were fatty; there was a hyaline alteration of the glomerular capillaries and smaller arteries, and fragmentation of the glomerular and tubal epithelium. The lungs showed hæmorrhages, areas of broncho-pneumonia, and fragmentation of nuclei of cells on a small scale. The heart was the seat of fatty degeneration. Fragmentation similar to that observed in other parts was noticed in the nuclei of the muscle fibres in certain cases. The muscles adjoining the axillary and inguinal lymphatic glands showed necrosis and immigration of large numbers of leucocytes. Cultures were made from the blood, liver, kidney and spleen, with negative results in every instance. The authors state that the experiments are not yet complete.

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